

was normal. There was no calculus. Astringent lotions were ordered, which slightly altered the character of the swelling; it became more flattened, smaller, lost its congested appearance and resembled a rosette.

Under chloroform an elliptical portion was removed from either side of the prolapse, and the opposing surfaces were stitched together.

There was no difficulty of micturition after the first day, no pain, and the frequency diminished. There was complete relief three weeks after the operation. A point of interest is that there was no assignable cause.

The Topical Use of Quinine in Leucorrhœa.—W. Hardwicke, M.D., M.R.C.P. (LANCET, January 7, p. 126).—Quinine topically applied to the mucous surfaces of the cervix uteri and vagina was suggested by the good effects accidentally manifested by this drug when used in the form of pessaries. A patient, the mother of six children, who had been a sufferer from the above complaint for some years, having used the various remedies usually prescribed in such cases but with only temporary benefit, her trouble sooner or later recurring, adopted the use, from prudential motives, of what proved to be quinine pessaries. Since using them not only had her leucorrhœa disappeared but her general health had improved. I have since used quinine topically in several cases of simple leucorrhœa always with great success—in fact, I do not know of a single instance in which it has failed or in which quinism has been produced. It may be used in the form of douche or pessary. I adopt the latter form as being obviously the better one; the drug has a better chance of closer and more continuous contact with the congested membrane. I prescribe three grains of the hydrobromate in a half-drachm pessary in combination with oleum theobromatis, but the pessus quiniæ of the "Extra Pharmacopœia" containing the hydrochloride answers just as well. One insertion a day is generally sufficient.

Hypertrophied and Pendulous Mammæ in Young Woman.—Hutchinson (*Archives*, viii., p. 32) relates the case of a girl, aged thirteen, thin and weakly, whose breasts began to enlarge at thirteen. At fifteen they became so large that they had to be removed in consequence of aching and encumbrance. The right weighed four and one-half pounds and the left two pounds. Examination showed that they consisted of hypertrophied fibrous tissue and gland elements. There were no cysts. The patient improved much in health and mensuration for the first time six months after the operation.

The disease usually begins about puberty, is progressive and attended by emaciation and some degree of cachexia. Not infrequently mensuration is suspended. Mr. Hutchison's explanation is as follows:—The female breast is, of all the organs, the one in which developmental and functional changes show their widest range, and whose nutrition is to the largest extent under the control of reflex influences. At puberty, in association with ovulation, the breasts naturally enlarge. This enlargement may be supposed to be in some measure controlled and limited by mensuration. In these cases perfectly natural growth fails to submit